

**NOTICE OF INTENT TO AMEND RULES**  
**THE GEORGIA BOARD OF HEALTH CARE WORKFORCE**

**Chapter 195-2-.01**

**TO ALL INTERESTED PERSONS AND PARTIES:**

Notice is hereby given that pursuant to the authority set forth below, the Georgia Board of Health Care Workforce (hereinafter "Board") proposes the following amendment to Rule Chapter 195-2 (hereinafter "proposed amendments."):

**Chapter 195-2 "Residency Capitation"**

This notice, together with an exact copy of the rules including the proposed new rule and a synopsis of the proposed amendment to the rules, is being forwarded to all persons who have requested, in writing, that they be placed on an interested parties list. A copy of this notice, an exact copy of the rules including the proposed amendments, and a synopsis of the proposed amendments may be reviewed during normal business hours of 8:00 a.m. to 5:00 p.m. Monday through Friday, except official State holidays, at the Georgia Board of Health Care Workforce 2 Peachtree Street NW, 6<sup>th</sup> Floor, Atlanta, GA, 30303. These documents will also be available for review on the Georgia Board of Health Care Workforce's web page at <https://healthcareworkforce.georgia.gov>.

**SYNOPSIS OF PROPOSED AMENDMENTS**

**Chapter 195-2 "Residency Capitation"**

**Purpose of Amendments:** The purpose of this amendment to correct the accrediting agency for graduate medical education programs and to change the requirement for hospitals to have 50 residents to qualify as a designated teaching hospital. This amendment will allow smaller hospitals to qualify as designated teaching hospitals.

**Main Feature:** The main feature of this amended is to correct the accrediting agency for graduate medical education programs and change the requirement for hospitals to have 50 residents to qualify as a designated teaching hospital.

## NOTICE OF PUBLIC HEARING

The board voted to adopt this Intent on July 28, 2022. A public hearing is expected to begin at 8:30 a.m. October 20, 2022 at the GBHCW Administrative Office (address below) or via Microsoft Teams to provide the public an opportunity to comment upon and provide input into the proposed amendments. At the public hearing, anyone may present data, make a statement, comment, or offer a viewpoint or argument whether orally or in writing. Lengthy statements or statements of a considerable technical or economic nature, as well as previously recorded messages, must be submitted for the official record. Oral statements should be concise and will be limited to five minutes per person. Additional comments should be presented in writing. Written comments are welcome. To ensure their consideration, written comments must be received prior to October 6, 2022. Written comments should be addressed to Executive Director of Georgia Board of Healthcare Workforce, 2 Peachtree Street NW, 6<sup>th</sup> Floor, Atlanta, GA 30303. Fax 404-656-2596. You may email your comments to: [chet.bhasin@dch.ga.gov](mailto:chet.bhasin@dch.ga.gov).

The proposed rule amendments will be considered by Georgia Board of Healthcare Workforce at its meeting scheduled to begin at 8:30 a.m. on October 20, 2022. According to the Department of Law, State of Georgia, the Georgia Board of Healthcare Workforce has the authority to adopt the proposed rule amendments pursuant to authority contained in Authority O.C.G.A §31-34-5.

This notice is given in compliance to with O.C.G.A § 50-13-4

Posted

This September 13, 2022

*Chet Bhasin*

Chet Bhasin  
Executive Director  
Georgia Board of Healthcare Workforce

**RULES  
OF  
GEORGIA BOARD OF HEALTH CARE WORKFORCE**

**Chapter 195-2 RESIDENCY CAPITATION**

**Rule 195-2-.01 General Definitions**

- (1) "Residency Capitation" means the funding provided to each designated teaching hospital or hospital authority operating a teaching hospital based on:
  - (a) The number of residents in training, times a fixed dollar amount; and
  - (b) The fixed dollar amount being set by the appropriation provided for this purpose divided by the total number of residents in training at all designated teaching hospitals and all teaching hospitals operated by a hospital authority.
- (2) "Teaching Hospital" is an institution owned and operated by a hospital authority which provides medical education and training of residents in addition to its other medical care delivery system responsibilities.
- (3) "Designated Teaching Hospital" means a teaching hospital operated by other than a hospital authority, which hospital agrees to contract with the state to offer or continue to offer a residency program approved by the **Accreditation Council for Graduate Medical Education (ACGME)**, which program has at least **one ACGME accredited residency program, excluding any stand-alone fellowship program**, and which hospital operates a 24 hour, seven-day-per week emergency room open to the public, and which hospital files a semiannual statistical report consistent with those filed by other state funded tertiary, neonatal obstetrical centers with the Family Health Section of the Department of Human Resources.
- (4) "Medical Education and Training" consists of an **ACGME** approved residency program, one year or longer in duration, which prepares graduates of medical schools to practice in a general or specialty field of medicine or surgery.
- (5) "Accreditation Council for Graduate Medical Education" is the body established to accredit residency programs.
- (6) "Certification" is the process utilized to determine the number of residents receiving medical education and training through a designated teaching hospital or a teaching hospital operated by a hospital authority which serves as the basis for issuance of capitation payments.
- (7) "Resident" means an individual at any level of training in an ACGME-accredited Graduate Medical Education Program, including subspecialty programs.
- (8) "Fellow" refers to an individual undertaking post-graduate residency training in a field of research that is not accredited by the ACGME.

**Authority: O.C.G.A. Secs. 31-7-95, 49-10.**

**History.** Original Rule entitled "General Definitions" adopted. F. Sept. 2, 1980; eff. Sept. 22, 1980.

**Amended:** F. Feb. 12, 1985; eff. Mar. 4, 1985.

**Amended:** F. Feb. 12, 1998; eff. Mar. 4, 1998.

**Repealed:** New Rule, same title adopted. F. Nov. 13, 2000; eff. Dec. 3, 2000.

**Repealed:** New Rule of same title adopted. F. Jan. 10, 2005; eff. Jan. 30, 2005.

## **Rule 195-2-.02 Residency Capitation Grants-Funding Procedures**

- (1) For the annual provision of capitation funds to established Residency Programs, the Board requires the following conditions to be met:
  - (a) Specification of the total number of residents to be trained during a year;
  - (b) Maintenance of approval of the program by the Accreditation Council for Graduate Medical Education;
  - (c) Compliance with all Board guidelines, rules and regulations; and
  - (d) Submission of all reports and such other documents as may be reasonably required by the Board and/or outlined in the Georgia Board of Health Care Workforce Report Guidelines;
    1. Certification of Residents. The teaching hospital or designated teaching hospital shall certify the exact number of residents in training during a prescribed period and provide to the Board (utilizing such forms and reporting procedures as may be deemed necessary) information on residents as follows:
      - (i) A written monthly statement from the authorized official certifying the exact number of residents in training during the period shall be submitted no later than the tenth (10) day of the following month;
      - (ii) Documentation including resident's name, social security number, medical or surgical specialty, post-graduate year, and indication of resident full-time equivalent participation during report period shall be submitted on a monthly basis, no later than the tenth (10) day of the following month; and
    2. Practice Location of Graduates. The teaching hospital or sponsoring institution of the Residency Program shall annually submit a report to the Board indicating the practice location of each graduate to assist the Board in evaluating the effectiveness of the Program in meeting the need for physicians in Georgia.
      - (i) Graduate practice location reports shall be due no later than September 1st of each year and include the practice location (city/state), additional training being pursued (e.g. fellowship), military service obligation, other state or federal service obligation (e.g., Georgia Board of Health Care Workforce, National Health Service Corp.), or other activity of those residents completing their medical education and training at the teaching hospital or designated teaching hospital.
      - (ii) Teaching hospitals/sponsoring institutions shall be expected to monitor, update, and report to the Board, any changes in the practice status of graduates for a period of five years post-graduation.
- (2) Payment Process. Based upon the Certification of residents supplied by the teaching hospital or designated teaching hospital, the Board shall authorize disbursement of residency capitation funds in quarterly installments.
  - (a) The Board shall pay up to \$10,000 per annum, or prorata reduction thereof, to the hospital authority of a teaching hospital or to a designated teaching hospital for each resident receiving medical education and training. If the funds appropriated for this purpose are insufficient to fund the full amount payable to the hospital authority or the designated teaching hospital, the Board shall calculate the amount otherwise payable in accordance with the funds actually appropriated.

- (3) State Audit. The teaching hospital/designated teaching hospital shall be subject to an audit of the financial records relating to Residency Capitation upon request of the Board or other duly authorized officer or employee of the State of Georgia upon reasonable request. For this purpose the teaching hospital/designated teaching hospital shall:
- (a) Maintain for three (3) years after receipt of Residency Capitation funds, all directly pertinent books, documents, papers and records involving related transactions;
  - (b) Retain sufficient records for the conduct of an audit for any year for which payments are in dispute until that dispute is resolved; and
  - (c) Be subject to reductions in payment of Residency Capitation funds based upon the findings of a state audit disallowing any previous such payment.
- (4) Retention of Graduates. Practice status/location of graduates will be monitored by the Board for five (5) years from date of graduation. In the event retention of graduates practicing in Georgia should fall below an acceptable number, over any five (5) consecutive year period, the Board shall have the authority to adjust the rate of capitation paid to said Program. The acceptable rate of retention will be determined by the Board from time to time and set forth in the Agreement between the Board and the teaching hospital/designated teaching hospital.

**Authority: O.C.G.A. [31-7-95](#), 49-10.**

**History.** Original Rule entitled "Grant Procedures" adopted. F. Sept. 2, 1980; eff. Sept. 22, 1980.

**Amended:** F. Feb. 12, 1985; eff. Mar. 4, 1985.

**Amended:** F. Feb. 5, 1986; eff. Feb. 25, 1986.

**Amended:** F. Feb. 12, 1998; eff. Mar. 4, 1998.

**Repealed:** New Rule entitled "Funding Procedures" adopted. F. Nov. 13, 2000; eff. Dec. 3, 2000.

**Repealed:** New Rule of same title adopted. F. Jan. 10, 2005; eff. Jan. 30, 2005.

**Repealed:** New Rule entitled "Residency Capitation Grants - Funding Procedures" adopted. F. May 5, 2009; eff. May 25, 2009.

**Repealed:** New Rule of the same title adopted. F. Dec. 11, 2019; eff. Dec. 31, 2019.